

Name In Full

Certificate of Death

Isaac Anderson

Near

Town

County

Died *Salisbury Wisconsin*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *06**Nov 21*

Age

*45-10-**md**Farmer*

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

4

Husband of

Ella Mitchell Anderson

Father's

Name

Isaac Anderson

Mother's

Maiden Name

Walston

Cause of

Primary

Tremia

How long sick

8 days

Death

Immediate

Heart Failure~~Accident, Suicide, Homicide~~

Reported by

F. M. Clemens M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ida Belle Bradford

Town

County

MARYLAND

Died at

Salisbury

Thomaco Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Nov. 10

Age

44

Thomaco

Housework

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

John Bradford

~~Wife~~

Father's

Mother's

Name

U.P. Malone

Maiden Name

Elizabeth Carey

Cause of

Primary

Cystitis

How long sick

2 weeks

Death

Immediate

Sepsis & Exhaustion

Accident, Suicide, Homicide

Reported by

Wm. H. Todd

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

Savania Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Allen</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1903	Month <i>Nov.</i>	Day <i>28</i>	Age	Years <i>35</i>	Months <i>---</i>	Days <i>---</i>
Sex	<i>Female</i>		Color or Race	<i>Negro</i>		Birth-place <i>Wicomico Co. Md.</i>	
Occupation	<i>House work</i>		Where Residing if not at place of death		<i>Arthur King</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		<i>Azariah Davis</i>		
Father's Name	<i>Arthur King</i>				Father's Birthplace	<i>Allen Md.</i>	
Mother's Maiden Name	<i>Leah Jane Whitney</i>				Mother's Birthplace	<i>Allen Md.</i>	
Name of person giving information	<i>Charles Bounds</i>				How related to deceased	<i>Neighbor</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Supposed to be consumption</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Geo. C. Hill</i>
		Address	<i>Undertaker</i>
			<i>Salisbury Md.</i>
Accident or Suicide?			

Dr. J. I. J. Long of Allen had
attended her. I had no way of
getting certificate from him before
her burial, as they come for the coffin
and buried her themselves

Geo. C. Hill

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

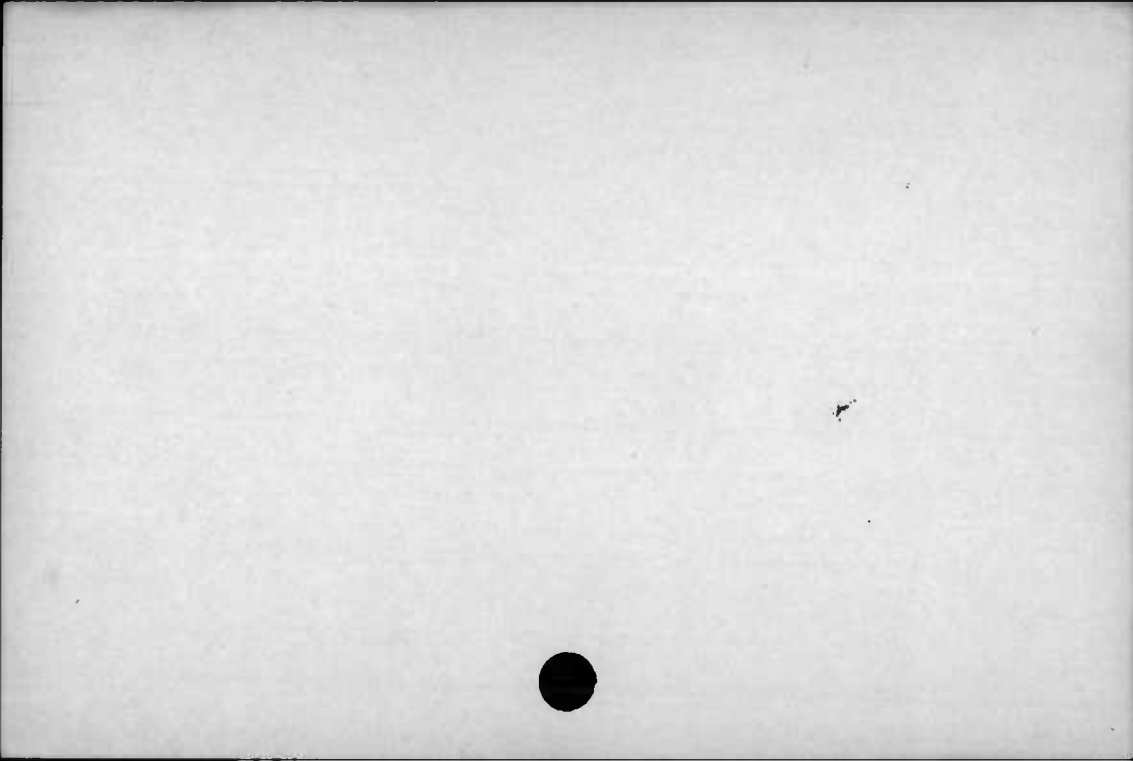
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Infant no name* Town *Dalisbury* County *Wicomico*
 Died at *Wicomico*
 Date of death *1903* Month *Nov* Day *12* Age *12* Years Months Days
 Sex *Black* Color or Race Birth-place *MD*
 Occupation Where Residing if not at place of death
 Married, Single or Widowed Name of Wife or Husband
 Father's Name *Harry Handy* Father's Birthplace *MD*
 Mother's Maiden Name *Mary W West* Mother's Birthplace *MD*
 Name of person giving information *Harry Handy* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still born* How long
 Immediate *—* How long
 Are the name, age, sex, color, date and place correctly given above? Signature of Physician *F. M. Simmons M.D.*
 Address *Dalisbury MD*
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Salisbury Spring Hill ^{County} Wilcox

Date of death 1903 Month Nov Day 12 Age 140 Years Months 17 Days

Sex Female Color or Race Black Birth-place Md

Occupation House work Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Harry Handy

Father's Name Henry West Father's Birthplace Md

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving information Harry Handy 131 How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

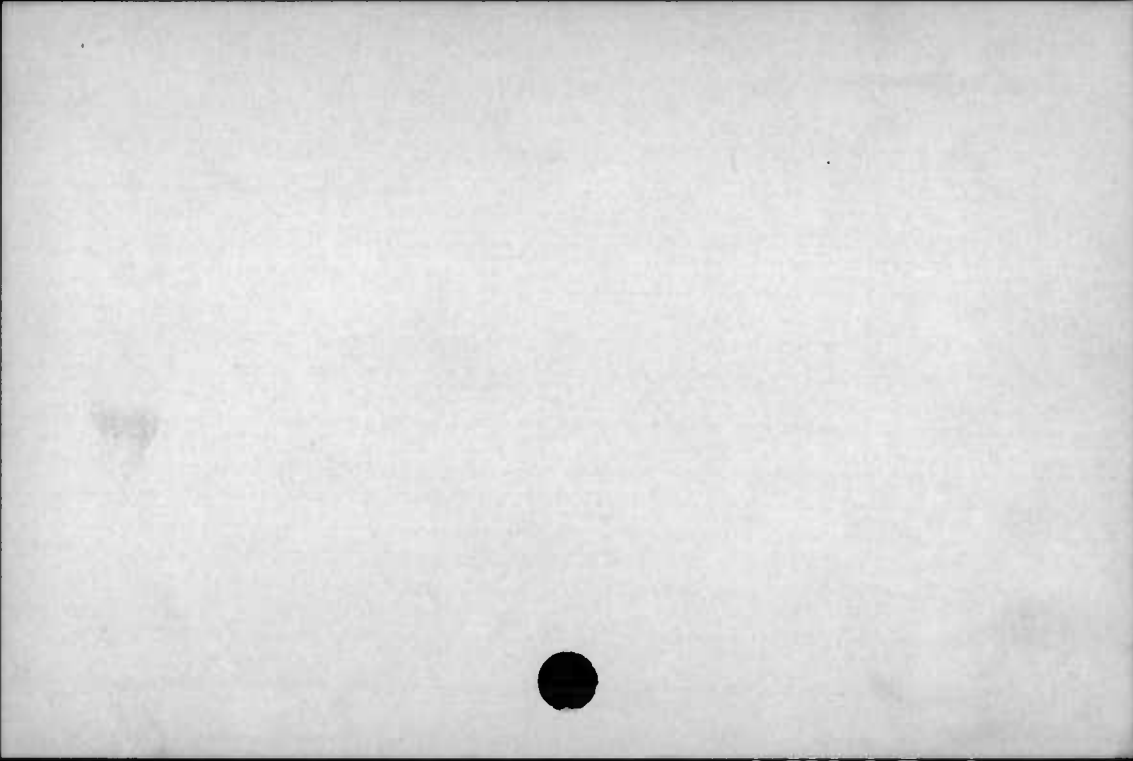
Primary Post-Partum Hemorrhage How long Few hours

Immediate Weak failure How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician F. M. Stearns M.D.

Address Salisbury Md.

Accident or Suicide?



Name
in
Full

William E. Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Nov</i>	Day	<i>18</i>
Age		<i>1</i>	Years	Months	<i>10</i>
Sex		<i>male</i>	Color or Race	<i>Black</i>	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>John E. Halland</i>		Father's Birthplace	<i>Md</i>
Mother's Maiden Name		<i>Stella Johnson</i>		Mother's Birthplace	<i>Md</i>
Name of person giving information		<i>Stella Halland</i>		How related to deceased	<i>mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>[Signature]</i>	
		Address	
		<i>Salisbury Md</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

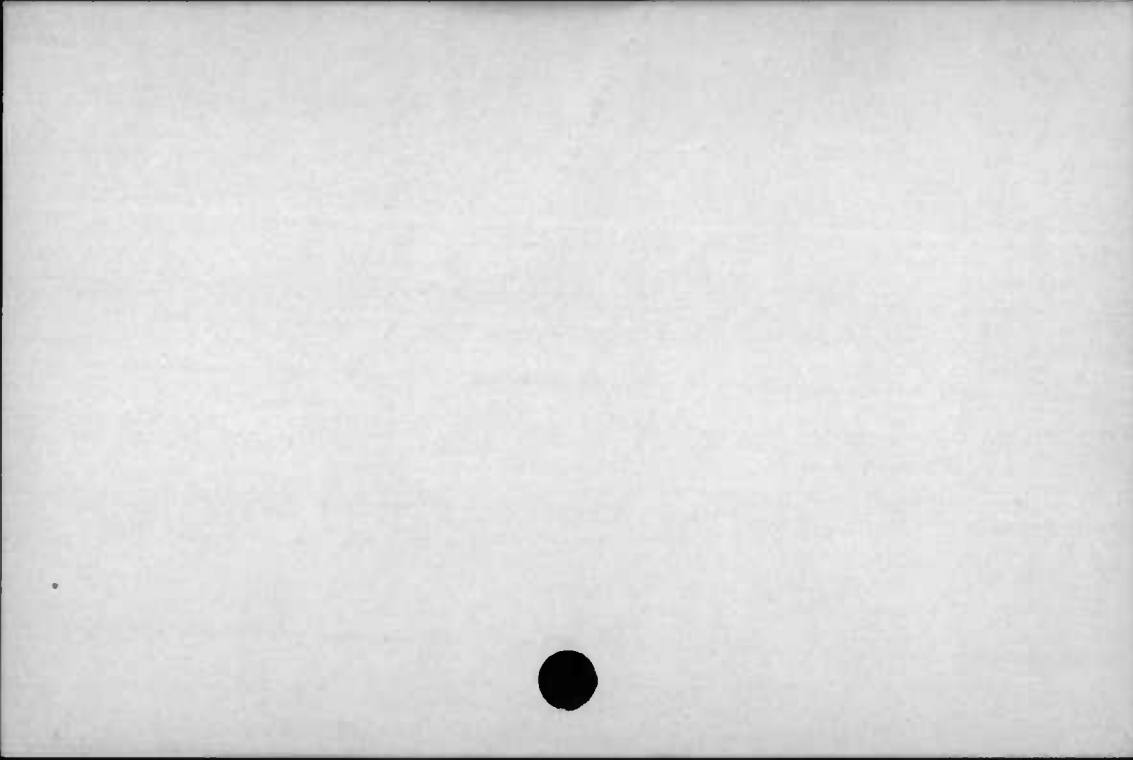
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Micomic</i> ^{County}		MARYLAND	
Date of death	1903	Month	Nov	Day	6
Sex	Female	Color or Race	Black	Age	50
Occupation	Housewife		Birth-place <i>Id</i>		
Where Residing if not at place of death					
Married, Single or Widowed	Widow		Name of Wife or Husband		
Father's Name	<i>Don't Know</i>			Father's Birthplace	<i>Id</i>
Mother's Maiden Name	<i>Don't Know</i>			Mother's Birthplace	<i>Id</i>
Name of person giving information	<i>Minta Simmons</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia and Bright Disease</i>	How long	<i>Several Months</i>
Immediate	<i>Hemiplegia</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Simmons</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robert W Jones</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND					
Died at <i>Salisbury</i>		Month <i>Nov</i>		Day <i>21</i>		Years <i>56</i>		Months <i>1</i>		Days <i>14</i>	
Date of death <i>1903</i>		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>					
Occupation				Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Gertie Jones</i>									
Father's Name <i>James Jones</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Nancy Burdick</i>		Mother's Birthplace <i>"</i>									
Name of person giving information <i>Frank Booth</i>		How related to deceased <i>Nephew</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long	
Immediate <i>marriage</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Stemons M.D.</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name
in
Full

Amanda E. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>43</i>	Months <i>7</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of wife or Husband <i>Stansbury Parker</i>				
Father's Name <i>John Phipps</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Miranda Pruitt</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>William J. Phipps</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George A Pennemell</i>				County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>166</i>	Years <i>166</i>	Months <i>7</i>	Days <i>24</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary J Pennemell</i>					
Father's Name <i>Harry Pennemell</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Mary E. Prior</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Mary J Pennemell</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>about 1 year</i>
Immediate <i>Exhausting pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
<i>I know</i>	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>no</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Jackson H. Smith</i>		Town <i>Sharps Point</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>Nov.</i>		Day <i>13</i>		Years <i>70</i>	
Date of death <i>1903</i>		Age <i>70</i>		Months —		Days —	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Michigan</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed		Name or Wife or Husband <i>Anne E. Smith</i>					
Father's Name ~~~~~		Father's Birthplace ~~~~~					
Mother's Maiden Name ~~~~~		Mother's Birthplace ~~~~~					
Name of person giving In formation <i>Harry J. Todd</i>		How related to deceased <i>Neighbor</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>1 month</i>	
Immediate <i>Dr not known and have not seen man for</i>		How long <i>1 month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>So far as</i>		Signature of Physician <i>[Signature]</i>	
<i>as I know</i>		Address <i>Salisbury, Md</i>	
Accident or Suicide? <i>/</i>			



Name
in
Full

CERTIFICATE OF DEATH

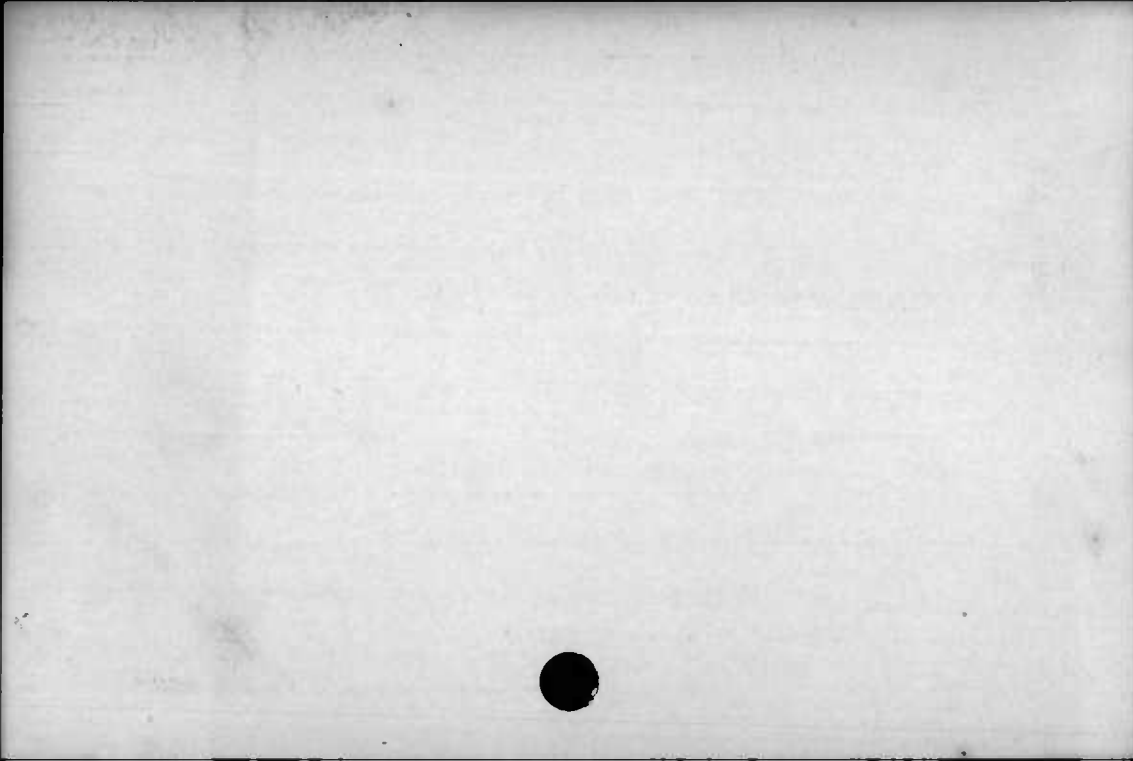
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}			<i>Wicomico</i> ^{County}			MARYLAND		
Date of death <i>1903</i>		<i>Nov</i> ^{Month}	<i>10</i> ^{Day}	Age <i>2</i> ^{Years}	<i>9</i> ^{Months}	<i>28</i> ^{Days}		
Sex <i>male</i>		Color or Race <i>Black</i>			Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name or Wife or Husband				
Father's Name <i>William H Teagle</i>				Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Sarah Jenkins</i>				Mother's Birthplace <i>Md</i>				
Name of person giving information <i>William H Teagle</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro - Enteritis</i>	How long <i>2 or 3 months</i>
Immediate <i>Inanition</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. B. Clements MD</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



George B. Waller

Died at ^{Town} *White Haven* ^{County} *Wicomico* MARYLANDDate 1903 ^{Month} *11* ^{Day} *20* ^{Y.} *62* ^{M.} *62* ^{D.} *62* ^{Native of} *Md.* ^{Occupation}Male ☒ White ☒ Married ☒ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*Husband *of* *Louis A. Waller*
Wife *Louis A. Waller*
Father's Name *Washington Waller* Mother's Maiden Name *Mary A. White*Cause of ☒ Primary *Paralysis* *60* How long sick *2 days*
Death ☒ Immediate ~~Accident, Suicide, Homicide~~Reported by *C. W. Jones*Address *Rout # 2 P. O. Hannock, Del.* *Del. Parish Undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

